



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2022

Nicole Deneweth  
Homes of Opportunity Inc  
P.O. Box 190179  
Burton, MI 48519

RE: License #: AS630081727  
Investigation #: 2022A0605027  
June Home

Dear Ms. Deneweth:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style. The name "Frodet" is written in a larger, more prominent script than "Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630081727
<b>Investigation #:</b>	2022A0605027
<b>Complaint Receipt Date:</b>	03/18/2022
<b>Investigation Initiation Date:</b>	03/21/2022
<b>Report Due Date:</b>	05/17/2022
<b>Licensee Name:</b>	Homes of Opportunity Inc
<b>Licensee Address:</b>	Suite C - 1110 Eldon Baker Drive Flint, MI 48507
<b>Licensee Telephone #:</b>	(248) 338-7458
<b>Administrator:</b>	Lawrence Maniaci
<b>Licensee Designee:</b>	Nicole Deneweth
<b>Name of Facility:</b>	June Home
<b>Facility Address:</b>	3103 Crooks Rochester Hills, MI 48309
<b>Facility Telephone #:</b>	(248) 299-1713
<b>Original Issuance Date:</b>	10/19/1998
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/27/2020
<b>Expiration Date:</b>	05/26/2022
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. ALLEGATION(S)

	Violation Established?
Resident B and Resident C do not have individual plans of services (IPOS) and/or Crisis Plans available in the home.	Yes
Resident A has a broken dresser. Resident B is reported to be sleeping on a mattress on the floor.	Yes

## III. METHODOLOGY

03/18/2022	Special Investigation Intake 2022A0605027
03/21/2022	Special Investigation Initiated - Letter I emailed Office of Recipient Rights (ORR) Rishon Kimble.
03/24/2022	Inspection Completed On-site I conducted an unannounced on-site investigation and interviewed Resident A and direct care staff (DCS) Shayne Adams. I reviewed Resident A's individual plan of service (IPOS) and crisis plan completed by Macomb-Oakland Regional Center (MORC). I observed Resident A's dresser and Resident B's and Resident C's bedrooms.
03/24/2022	Contact - Telephone call received I interviewed Homes of Opportunity, Inc./Hope Network's, program director Nicole Deneweth regarding the allegations.
03/24/2022	Contact - Document Received Nicole Deneweth emailed me Resident B's and Resident C's IPOS/Crisis Plans and the in-service training sheets and an invoice for the purchase of Resident A's dresser.
03/24/2022	Contact - Telephone call made I interviewed Lateya Chambers regarding the allegations.
04/07/2022	Contact - Telephone call made I interviewed the home manager Robert Inglsbee and DCS Leiah Hughes regarding the allegations.
04/13/2022	Contact - Telephone call received Discussed allegations with ORR Rishon Kimble.

04/19/2022	Contact – Document received I received Residents A, B, and C assessment plan from licensee Nicole Deneweth via email.
04/19/2022	Exit Conference Conducted with licensee designee Nicole Deneweth via telephone with my findings.

## **ALLEGATION:**

**Resident B and Resident C do not have individual plans of services (IPOS) and/or Crisis Plans available in the home.**

## **INVESTIGATION:**

On 03/18/2022, intake #185913 was referred by Oakland County Office of Recipient Rights (ORR) and assigned for investigation regarding Resident A's dresser is broken, Resident B's mattress is on the floor and both Residents B and C do not have IPOS and/Crisis Plans available in the home. It is reported that staff have not reviewed the current IPOS/Crisis Plans of Residents B and C.

On 03/21/2022, I initiated my investigation by emailing ORR worker Rishon Kimble advising her that I will be investigating these allegations.

On 03/24/2022, I conducted an unannounced on-site investigation. I met with direct care staff (DCS) Shayne Adams and Resident A. Resident B was at workshop and Resident C was at a doctor's appointment during this visit. I attempted to interview Resident A, but Resident A did not want to speak with me. Resident A was observed to have good hygiene. I interviewed Mr. Adams regarding the allegations. Mr. Adams has been working for this corporation for years before Homes of Opportunity, Inc. became the provider. Mr. Adams stated Macomb-Oakland Regional Center (MORC) case manager is responsible for sending the IPOS/Crisis Plans to June Home and then the HM is in-serviced by the case manager and then the HM in-services all staff on all the residents' IPOS/Crisis Plan, then staff must sign the sheet acknowledging they read and understood the plans. Mr. Adams was able to locate Resident A's IPOS/Crisis Plan as it was available for my review; however, Mr. Adams was unable to locate Resident B's and Resident C's IPOS/Crisis Plans. Resident B's most recent IPOS/Crisis Plan was dated 12/31/2015 and Resident C's most recent IPOS/Crisis Plan was dated 02/28/2013. Mr. Adams stated he has been working with all three residents for years and knows what their needs are and because of this, he is able to meet their needs even though the IPOS/Crisis Plans are not available for review.

On 03/24/2022, I received a telephone call from licensee designee Nicole Deneweth. Ms. Deneweth stated that MORC no longer sends the IPOS/Crisis Plans to the group homes, but instead once the IPOS is completed, it goes through the system TITAN, and

Ms. Deneweth is the one who has access to that system. Ms. Deneweth recently gained access on 03/18/2022. Ms. Deneweth saves the IPOS and then will send it to the HM's. When they (home managers) are in receipt of the IPOS/Crisis Plan they will have their supports coordinators in-service them on the plan, and then the HM will in-service the staff. Ms. Deneweth stated the previous licensee designee did not provide Ms. Deneweth with the correct access; therefore, the HM never received Resident B's or Resident C's IPOS/Crisis Plan for 2021-2022.

On 03/24/2022, I interviewed DCS Lateya Chambers via telephone regarding the allegations. Ms. Chambers has been employed at June Home for 10 years when the previous corporation was the provider. Ms. Chambers works second shift from 2PM-10AM. Ms. Chambers stated since the new provider, Homes of Opportunity, Inc. took over, the IPOS/Crisis Plan process changed. Currently, she stated MORC's supports coordinator sends the IPOS/Crisis Plan directly to corporate office and once there, it is the offices responsibility to disperse the plans to the home managers. Then the supports coordinators in-service the HM's on the plans and then the HM in-services the staff. Ms. Chambers stated recently MORC has had numerous staff changes and because of this, the IPOS/Crisis Plans have taken longer to get to the office; therefore, longer getting to the group homes. Ms. Chambers stated she has been with Resident A, Resident B, and Resident C since working at June Home; therefore, she understands their needs and can meet their needs even though there is no IPOS/Crisis plan available for Resident B and Resident C.

On 04/07/2022, I interviewed the HM Robert Inglsbee via telephone regarding the allegations. The HM has been working for 20 years prior to the new corporation Homes of Opportunity, Inc. He works the day shift and is also the area supervisor. The HM stated the process for the IPOS/Crisis Plan is that once the meeting takes place and is complete, MORC's supports coordinator sends the plans to their corporate office, the corporate office disperses them to the HM's and then the service coordinators then in-service the HMs on the plans and then the HM in-services all staff. Mr. Chambers stated the previous licensee designee, Matthew McCormick did not send the IPOS/Crisis Plans to the HMs; therefore, June Home did not have Resident B's or Resident C's IPOS/Crisis Plan available for review. The HM stated MORC's supports coordinator sent the residents' IPOS/Crisis Plan to Mr. McCormick sometime in September 2021, but that date is unknown since there were many changes to the support coordinators at MORC. However, the IPOS/Crisis Plans were probably at the office since then and never dispersed to the HMs to in-service staff. He stated Nicole Deneweth became licensee designee and was able to send out the IPOS/Crisis Plans after she gained access to the system. The HM stated it seemed that Mr. McCormick never provided Ms. Deneweth with access prior to his retirement. The HM stated prior to Homes of Opportunity, Inc. becoming the new provider, the IPOS/Crisis Plan would be mailed directly to the group home, but that changed due to the new provider. The HM stated he only had Resident A's IPOS/Crisis Plan at the home because the HM asked the supports coordinator for a copy which was provided. The HM stated he and all the staff at June Home are aware on how to service Residents B and C because their goals and needs have not changed. He stated that the most recent staff has been at June Home

for four years; therefore, all staff have been trained on their IPOS/Crisis Plans. The HM stated he now has both Resident B's and Resident C's IPOS/Crisis Plans at June Home.

On 04/07/2022, I interviewed DCS Leiah Hughes via telephone regarding the allegations. Ms. Hughes has been employed for 18 years prior to this corporation becoming the new providers. Ms. Hughes works all shifts; however, she only works one day a week; Saturdays. Ms. Hughes stated she is in-serviced on the residents' IPOS/Crisis Plans by the HM. She stated she asked for Resident B's and Resident C's plans but was told by the HM that the plans were at the corporate office, and he was waiting for corporate to disperse them to him. Ms. Hughes stated even though Resident B's and Resident C's IPOS/Crisis Plans were not at June Home, she has been servicing Resident B and Resident C since working at June Home and understands their goals and needs. She stated much has not changed regarding their needs; however, the HM is working on getting the IPOS/Crisis Plans to June Home.

On 04/13/2022, I received a telephone call from ORR Rishon Kimble. Ms. Kimble will be substantiating her case.

On 04/19/2022, I received Resident A's, Resident B's, and Resident C's assessment plans via email from Ms. Deneweth; however, the assessment plans were incomplete. The residents' goals and needs were not documented nor was there documentation regarding staff meeting those needs. I emailed Ms. Deneweth back advising her that I would be substantiating the allegation pertaining to the assessment plans not being completed annually and not being available for my review.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
<b>ANALYSIS:</b>	Based on my investigation and information gathered, Resident B's and Resident C's IPOS/Crisis Plan were not completed annually and were not available for my review during my on-site investigation on 03/24/2022. Resident B's last IPOS/Crisis Plan was completed on 12/31/2015 and Resident C's last IPOS/Crisis Plan was completed on 02/28/2013. In addition, June Home had assessment plans for both Resident B and Resident C; however, the assessment plans were incomplete and did not

	have detailed information as to their goals, needs, and how staff were to meet those goals and needs.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ALLEGATION:**

**Resident A has a broken dresser. Resident B is reported to be sleeping on a mattress on the floor.**

## **INVESTIGATION:**

On 03/24/2022, DCS Shayne Adams reported that Resident A is “rough,” with the dresser. Resident A constantly opens and closes the dresser drawers taking his clothes out of the drawers and then putting the clothes back into the drawer. Mr. Adams stated within the last couple of years, Resident A has been through many dressers because the drawers continue to break. He stated when the dresser drawers break, the home manager (HM) Robert Inglsbee purchases new ones. Mr. Adams escorted me into Resident A’s bedroom. Resident A was observed opening and closing the dresser drawers vigorously and taking his clothes out and putting them back in. I observed the dresser drawers not to be broken. Mr. Adams stated a new dresser had already been ordered. Afterwards, Mr. Adams escorted me into Resident B’s bedroom where I observed the mattress sitting on a metal frame. Mr. Adams stated the mattress was sitting on a wood frame, but due to Resident B, “jumping into bed,” the wooden frame could not sustain the weight and kept breaking. Mr. Adams stated each time the frame broke, the HM was able to fix it until the most recent time where the HM was unable to make the repairs. Therefore, it was replaced with a metal frame. Mr. Adams stated the mattress was on the floor for a short time until the HM got the metal frame from one of their other group homes. Mr. Adams stated the metal frames seems to be withholding Resident B’s weight when he jumps into bed.

On 03/24/2022, licensee designee Nicole Deneweth stated that a new dresser had been ordered for Resident A. Ms. Deneweth emailed me a copy of the invoice for the dresser. Ms. Deneweth stated Resident A continuously breaks the dresser drawers, not in an aggressive manner, but this is part of his behavior. She stated as soon as staff is aware the dresser needs replacement, the HM reaches out to corporate, and a new dresser is ordered. Ms. Deneweth stated Resident B jumps onto his bed causing the old wooden frame to break. Each time the frame breaks, the HM can repair it, but the most recent incident, the wooden frame broke, and the HM was unable to repair it. Therefore, a metal frame was put in place, and this seems to help as there have not been any issues after Resident B jumps into bed. Ms. Deneweth stated the mattress was on the floor for no more than 10 days due to trying to locate a metal bedframe. She stated the HM found the metal frame from one of their other group homes.

On 03/24/2022, I interviewed DCS Lateya Chambers regarding the allegations. Ms. Chambers stated Resident A's dresser has been replaced numerous times. Resident A becomes anxious and breaks the dresser drawers by opening and closing the dresser drawers several times vigorously. She stated this is part of his behaviors and whenever the drawers break, the HM replaces the entire dresser. Ms. Chamber stated there are two broken dressers currently in the garage as those were replaced with new ones, but Resident A continues to break them. Ms. Chambers stated Resident B's mattress was on the floor because Resident B jumps into his bed and broke the wooden frame. The HM had purchased a frame a couple of years ago after Resident B broke the bedframe, so this would be the second time the bedframe has broken. Ms. Chambers stated the mattress was not on the floor long, about a week before the metal frame was installed and the mattress put back on the frame.

On 04/07/2022, I interviewed the HM regarding the allegations. The HM stated Resident A pulls his dresser drawers out and puts them back in constantly. As a result, the dresser drawers break and have been replaced about six times within the past four years. The HM stated Resident A breaking the dresser is not due to aggression but is part of Resident A's normal behavior. The HM stated prior to Homes of Opportunity, Inc., the HM can purchase the dresser himself, but now the HM must submit a request to corporate and then corporate approves the purchase and then the dresser is ordered. The HM stated the dresser has been ordered for Resident A's bedroom. The HM stated Resident B jumps into his bed and due to this, the headboard broke off, causing the frame to break. The HM was able to make repairs but was unable to with the most recent break. The HM stated the wooden frame broke; therefore, Resident B's mattress was on the floor for about 10 days. The HM found a metal frame from one of their other group homes and currently there are no issues.

On 04/07/2022, I interviewed DCS Leiah Hughes regarding the allegations. Ms. Hughes stated Resident A is destructive and slams his dresser drawers shut and repeatedly does this. She stated this is part of his normal behavior. Ms. Hughes stated since she has been working at June Home, Resident A has been through countless dressers. She stated, "manufactures do not make stuff that last long anymore." Ms. Hughes reported that the HM has corporate order the dressers as soon as they break. She too stated there are two broken dressers in the garage due to Resident A being rough. Ms. Chambers stated Resident B likes to jump into bed, causing the wooden frame to break. She stated the HM was waiting to get the metal frame and, in the meantime, Resident B's mattress was on the floor. Ms. Chambers stated she only works Saturdays; therefore, she believes it was there only a week, because the next Saturday she worked, the mattress was on the metal frame.

On 04/13/2022, ORR Rishon Kimble reported that one of the staff informed her that Resident B's mattress was on the floor around Christmas 2021, not for 10 days.

On 04/19/2022, I conducted the exit conference via email with licensee designee Nicole Deneweth with my findings. Ms. Deneweth stated Resident B and Resident C had assessment plans available at June Home at the time of my on-site investigation on 03/24/2022. Ms. Deneweth will email me the assessments for review. Ms. Deneweth was advised that according to ORR, one of the staff reported that the mattress had been on the floor since December 2021; therefore, I will be substantiating that allegation. Ms. Deneweth stated the mattress was only on the floor for about 10 days and she is not sure why the staff would report that information when it was incorrect.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<b>ANALYSIS:</b>	Based on my investigation and information gathered, Resident A vigorously opens/closes his dresser drawers causing them to break. This is a normal behavior for Resident A. Resident A has gone through six dressers within the last four years due to the drawers breaking. Whenever the drawers break, the HM orders a new dresser. Currently, the HM ordered a dresser for Resident A and is waiting for shipment to June Home.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

<b>ANALYSIS:</b>	Based on my investigation and information gathered, Resident B's mattress was on the floor for a lengthy amount of time, around Christmas of 2021. Although, a metal frame has been purchased and the mattress is no longer on the floor, there is no reason why it would take over four months to get a bedframe for Resident B's mattress.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receiving an acceptable corrective action plan, I recommend no modification to the status of the license.

*Frodet Dawisha*

04/20/2022

Frodet Dawisha  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

04/20/2022

Denise Y. Nunn  
Area Manager

Date